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Sabine E. Wildevuur

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OPINION PIECE

Could health learn from design?

Sabine E. Wildevuur ^{a,b}

^aWaag Society, Institute for Art, Science and Technology – Creative Care Lab, Amsterdam, The Netherlands; ^bDepartment of Sociology and Department of Organization Sciences, VU University Amsterdam, Amsterdam, The Netherlands

ABSTRACT

Could health learn from design? For most of the target group and the contributors to the first issue of the journal *Design for Health*, the answer is clear: Yes it can! Even though there is a growing interest in the qualities of design as a way of adding value to health, it is generally still neglected in the scientific disciplines. So, it is about time that a journal on design for health comes into existence. But instead of preaching to the choir, *Design for Health* should reach out to those who are unfamiliar with the field of design and health. An ambitious task lies ahead for *Design for Health*: to reach out to the whole of the target group of design and health scholars in what design could mean for health. Let's start with adopting the new concept of health, namely 'the ability to adapt and self manage in the face of social, physical, and emotional challenges.' And to strive towards open, fair and inclusive design for health.

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Design for Health – The first journal for design and creative practice in health and wellbeing has seen the light of day. The journal we all have been waiting for, haven't we? All interested in the crossover between design and health will embrace its content, take it to itself and sigh: 'Finally!' Like-minded people – both from design and/or health – will contribute to the knowledge and practice in the context of design for health. But let us not fool ourselves: Aren't we preaching to the choir? Should the journal make believers out of people who already believe, or convince people who are already convinced of the added value of design for health? Of course, the answer to this question is 'No.'

If the answer were a 'No', the next question would naturally be: 'What is Design for Health?' If I read the website of the journal, the publisher is asking for contributions to 'knowledge and practice in the context of the design of health products, services and interventions that promote dignity and enhance quality of life'. But, how do we define health? Consulting the website again, the Journal *Design for Health* announces that it adopted the definition of the World Health

Organization (1948) stating that health is the ‘state of complete physical and mental wellbeing and not only the absence of disease’ (World Health Organization 2006). This definition has been applied in practice for almost seven decades. In the meanwhile there has been a lot of debate about the definition. More and more the main criticism voiced is the absoluteness of the word ‘complete’ in relation to well-being. This requirement for complete health would turn most of us into unhealthy people most of the time.

So, in 2011, a new concept of health was introduced: ‘Health as the ability to adapt and to self manage, in the face of social, physical and emotional challenges’ (Huber et al. 2011). Machteld Huber and a group of international health experts proposed this new concept because the traditional – cast in concrete – World Health Organisation definition of health was considered no longer adequate. According to Huber and the group of experts, ‘the old definition described an unattainable utopian and static state.’ The new concept of health was developed at an international invitational conference for experts held in the Netherlands in 2009. In 2011, Huber et al. published the concept in the distinguished *British Medical Journal (BMJ)* under the caption ‘How should we define health?’ However, this more contemporary definition of health has not been adopted globally, neither has it replaced the WHO’s one, yet. Over the last decades there has been a fierce debate about the most suitable definition of health, and how this relates to disease. Huber’s definition definitely fueled the discussion again on how to define health, which made the cover of *BMJ* in 2011. In the section ‘Rapid responses’ of the *BMJ*, which consists of electronic letters to the editor, the discussion is still going on how about we should define health (*BMJ* 2011–16). A discussion that probably never stops.

Furthermore, to prevent confusion with health as ‘absence of disease’, Huber et al. coined the term ‘positive health’ for the broad perception of health, which included six dimensions: bodily functions, mental functions and perception, spiritual/existential dimension, quality of life, social and societal participation, and daily functioning (Huber et al. 2015). This broad perception of ‘positive health’ is valuable since it bridges the gap between health care and the social domain.

Talking about positive health, we cannot leave the subject of positive design unspoken, not when dealing with Design for Health. Positive design is the term applied to ‘all forms of design, design research and design intention in which explicit attention is paid to the effects of design on the subjective wellbeing of individuals and communities’ (Desmet and Pohlmeier 2013).

The terms ‘positive health’ and ‘positive design’ open up the space for design for health, and for designers working in the field of design for health. To design for adaptation and self-management, as Huber et al. state, and subjective wellbeing gives solid ground for design for health.

But we should not rejoice too soon. Is it even possible to bring the two different worlds together: the one of design and the one of health? Charles P. Snow, a physicist who became a novelist, spoke and wrote in 1959 at the influential

Rede Lecture about the two cultures (Snow 1959). He stated that intellectual life in western society is divided into two cultures: one of science concerned with the nature of the physical – the universe – and the other of humanities – literature and the arts. According to Snow there is a huge gap between the two worlds because neither understands the other's methodologies and goals. The same applies to health and design: different worlds with different methodologies.

Naum Gabo (1890–1977), trained in medicine, natural science and engineering, exchanged science for art later in his life, becoming the pioneer of kinetic art. He expressed his ideas about the divide between the worlds of science and art as follows:

Our separation is only due to the fact that we look at the events from different point of views and for different purposes. But by doing so we are acting like those legendary giants who, standing on the shore of an ocean, are involved in a dispute about whether the place on which they stand is where the land ends and the ocean begins or where the ocean ends and the land begins; all because one of them arrived at that spot sailing the waves of the ocean, while the other came on foot, treading the dry land (Gabo 1962).

To advance human society, both Snow and Gabo argued, scientists and humanities must bridge the gap between the two cultures. Design research could play a role in bridging the gap between design and health(care) by combining academic research and the problem-solving attitude of design (Dorst 2015).

I literally 'saw' the divide during the exhibition 'Designing Health' that I was asked to curate. The show was held from September 2013 until January 2014 – including the Dutch Design Week – in the Design House in Eindhoven (NL). The ambition was to show how technology, innovation and design have influenced health care throughout history and what they are capable of contributing to it now and in the future. The exhibition 'Designing Health' highlighted the important role designers have played in keeping people well and healthy. A wide variety of work of art and design were shown at the exhibition, ranging from architecture by the Office for Metropolitan Architecture – founded by, amongst others, well-known Dutch architect Rem Koolhaas – such as Maggie's Centre, providing a refuge for those coping with cancer; via robotics by showing the care robot Giraff; or multisensory design such as the sound installation for the Rotterdam Eye Hospital in Rotterdam (NL) by the Dutch sound artist Cilia Erens to relax waiting cataract patients when going to surgery; to examples of 'social' or 'disruptive' design such as the work of art 'Transfiguration' by the artist/designer Agatha Haines (UK) showing lifelike babies, who surgically underwent body enhancements to benefit the child as the start of the conversation 'How far do we want to go with human enhancement?' Also, several events were

organized to discuss the topic Design for Health with a broad audience and workshops were given especially for health care professionals.

What struck me most was watching the audience visiting the exhibition 'Designing Health'; going around in the different rooms of the Design House, eavesdropping on their comments and seeing their reactions. Most of the visitors had no clue that design could play a role in health. They had never thought about the importance of design for a healthy living environment, neither how service design could bring changes for the good in health care, nor that design research could bring out the real value of the ageing society and to design for those (Wildevuur et al. 2013). Also, I guided groups of health care professionals around the exhibition and it opened their eyes to a completely new world: that of Design for Health.

Even though there is a rich history of cross-pollination between health and the arts – including design – most of the work focuses on how the arts are enriched by bringing new health(care) concepts and technologies into the art arena (Wilson 2010). There is less evidence on the impact of the arts on health (care). However, if you look at the history in the field of medical imaging, for example, not only were the arts enriched by medical visualization like X-rays and MRI-scans, but medical imaging also gained from the methodologies and insights derived from the arts (Wildevuur 2009).

That brings me back to the core of this opinion piece: Could health learn from design? For most of the target group and the contributors to the first issue of the journal *Design for Health*, the answer is clear: Yes it can! The forerunner of design research Victor Papanek already answered this question in his manifest design for the real world: Human ecology and social change (Papanek 1971). His view was that design could be of added value to health provided that products and environments were accomplished through interdisciplinary teams. Papanek regarded design as the conscious effort to impose meaningful order (Papanek 1971). Cambridge English Dictionary defines design as 'the way in which something is planned and made', which accounts for almost everything. Our whole world is designed.

The disciplines of design are moving away from the traditional ones (visual communication design, industrial design, interior space design, architecture, interaction design) towards emerging design disciplines such as design for experience, for services, for innovation, for transformation and for sustainability (Sanders and Stappers 2012). Within the field of health(care) this same shift can be seen. We move from redesigning badly designed crutches and redesigning the system around the patient to design in cocreation with patients and health care professionals (Bate and Robert 2006), and even towards evidence-based health care design (Phiri 2014).

Since Papanek published his manifest, a growing body of scholarly efforts that focus on the interrelationship between design and health has seen the light of day. But even though there is a growing interest in the qualities of design as a way of adding value to health, it is generally still neglected in the scientific disciplines. So, it is about time that a journal on design for health comes into

existence. But instead of preaching to the choir, *Design for Health* should reach out to those who are unfamiliar with the field of design and health. The ones working in the field of design for health(care) are already convinced of the added value of design for health(care) either through service design, design thinking and/or product design. But an ambitious task lies ahead for *Design for Health*: to reach out to the whole of the target group of design and health scholars, design professionals, health care practitioners, educators and managers worldwide in what design could mean for health.

And to make sure we are not like those giants who are standing on the shore of the ocean, I would propose to start with adopting the new concept of health, namely 'the ability to adapt and self manage in the face of social, physical, and emotional challenges.'

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Notes on contributor

Sabine E. Wildevuur has a long experience in the crossover, transdisciplinary field of medicine, technology and the arts. She is the head of the Creative Care Lab at Waag Society, Institute of Art, Science and Technology (www.waag.org) in Amsterdam where innovation for health care is developed, following the 'users as designers' and 'users as makers' approach. She is conducting research on 'ICT-enabled person-centred care' at the VU University in Amsterdam. Wildevuur studied medicine and communication science at the University of Amsterdam and was – amongst others – the head of the Internet Unit of the United Nations Environment Programme in Kenya, worked as medical journalist for the Royal Dutch Medical Association, was involved in the Quality of Health Care Information Online (Health on the Net Foundation). At the University of Oxford she researched the relationship between art and science, which resulted in the book *Invisible Vision: Could Science Learn from the Arts?* (2009, BSL). She co-authored *Connect: Design for an Empathic Society* (2013, BIS Publishers), a book on designing for an ageing society. Wildevuur was the curator of the exhibition *Designing Health* (2014/15) at the Designhuis in Eindhoven (NL) showing how technology, innovation and design have influenced health care throughout history and what they are capable of contributing to it now and in the future. In 2015 and 2017 Wildevuur was a visiting researcher at the Brocher Foundation (CH) to study the impact of eHealth applications on person-centered care.

ORCID

Sabine E. Wildevuur  <http://orcid.org/0000-0002-7925-2387>

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